

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

February 18, 2016

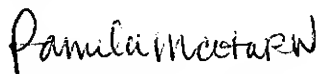
Ms. Amy Beer, Manager
Waterford Group Home
659 High Ridge Road
Waterford, VT 05819

Dear Ms. Beer:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 19, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



PRINTED: 01/28/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/19/2016
NAME OF PROVIDER OR SUPPLIER WATERFORD GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 669 HIGH RIDGE ROAD WATERFORD, VT 05819		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey and investigation of an entity reported incident were completed on 1/19/16. Based on information gathered, the following regulatory violations were identified.	R100		
R293 SS=F	IX. PHYSICAL PLANT 9.7 Water Supply 9.7.b If a home uses a private water supply, said supply shall conform to the construction, operation and sanitation standards published by the Department of Health. Private water supplies shall be tested annually for contamination, and copies of results shall be kept on premises. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that a copy of the current annual water quality test was kept on the premises. Findings include: Per review of the home's documentation, there was a water quality test completed on the private well for the home in August of 2014. There was no certificate to confirm that the water testing had been completed for the year 2015. Per interview on 1/19/16 at 2:45 PM, the home's manager stated that they did not know if the water testing had been completed by the property manager's agency, and if it was done, they did not have the certificate on the premises.	R293	See attached	2/3/16
R302 SS=F	IX. PHYSICAL PLANT	R302		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0800

3B1L11

[Signature] Senior Director of Licensed Residential Services 2-3-16

If continuation sheet 1 of 2

2/18/16
accept R-293-302
Jane Howard

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/19/2016
NAME OF PROVIDER OR SUPPLIER WATERFORD GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 859 HIGH RIDGE ROAD WATERFORD, VT 05819		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R302	<p>Continued From page 1</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of the fire drill records on 1/19/16, the home failed to ensure that a drill was conducted at night when residents were asleep. Findings include:</p> <p>Per review of the fire drill record for 2015, the home conducted nine drills for the year: 1/5/15 at 9:30 AM, 2/5/15 at 2:00 PM, 3/30/15 at 9:30 AM, 6/3/15 at 9:30 AM, 7/6/15 at 3:00 PM, 8/5/15 at 3:30 PM, 9/9/15 at 1:25 PM, 10/8/15 at 11:15 AM, and 11/19/15 at 1:10 PM. Per interview on 1/19/16 at 11:40 AM, the home manager confirmed that all of these drills were conducted in the morning or afternoon, and there were no drills conducted at night when the residents were in bed asleep to evaluate their ability to evacuate the home at night.</p>	R302	See attached	2/3/16

Facility: Waterford Group Home

Survey Date: January 19, 2016

R293 – IX. PHYSICAL PLANT

9.7 Water Supply - 9.7b

Plan of Correction:

- The Waterford Group Home obtained an updated water quality test on 1/22/2016. A second test was completed (results received on 2/17/16) indicating that the Home's water quality met Department of Health standards.
- The Residential Manager will ensure that the water quality tests are completed at least annually in accordance with the regulation
- The Licensee will complete informal periodic inspections to ensure ongoing regulatory compliance

R302 – IX. PHYSICAL PLANT

9.11 Disaster and Emergency Preparedness – 9.11.c

Plan of Correction:

- On 1/29/2016, the Waterford Group Home satisfactorily completed a fire drill while all residents were in bed asleep.
- The Residential manager will ensure that future fire drills are completed during varying times (morning, afternoon, evening, night) in accordance with the regulation
- The Licensee will complete informal periodic reviews to ensure ongoing regulatory compliance

181 Crawford Road, Derby
PO Box 724 Newport VT 05855
Phone 802-334-8744 Fax 802-334-7455
Toll free 800-896-4978

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FAX Cover Sheet

TO: Pam Cota FAX # 802-241-0343

Organization: Div. of Licensing & Protection

Date: 2/17/16 Number of pages including cover page: 5

From: Peter Kostuba

FAX #: _____

Phone number + extension: 802-748-6350, ext. 1153

☐ 181 Crawford Road, Derby ☒ Portland Street, St. Johnsbury

Message: Waterford Group Home P.O.C.

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since 1960

February 17, 2016

Pamela Cota, RN, BS
Licensing Chief
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306

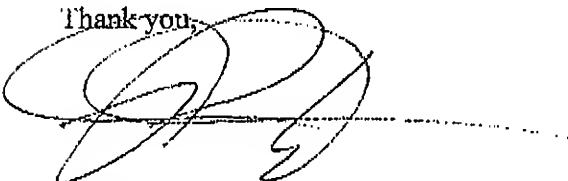
Dear Ms. Cota,

Enclosed is the Plan of Correction for the Waterford Group Home in response to our most recent survey on January 19, 2016.

The Waterford Group Home and all of NKHS's licensed homes place great importance on quality care, resident safety, and regulatory compliance, and I am confident that attached plan will adequately address each of the matters identified in the survey.

Should you have any input regarding the Plan of Correction or require additional information, please do not hesitate to contact me at (802) 748-6350 extension 1153.

Thank you,



Peter Kostruba
Senior Director of Licensed Residential Services
Northeast Kingdom Human Services, Inc.
2225 Portland Street, P.O. Box 368
St Johnsbury, VT 05819

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